

DEBTOR(S): Powell Valley Health Care, Inc.

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NUMBER: 16-20326

**Form 2-A
COVER SHEET**

For Period End Date: 08/31/2016

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: _____

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

DEBTOR(S) Powell Valley Health Care, Inc. **CASE NO:** 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 08/01/2016 to 08/31/2016

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>3,108,999</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	4,192,886	12,997,357
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>4,192,886</u>	\$ <u>12,999,527</u>
3. Cash Disbursements		
Operations	4,155,814	13,042,779
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	20,450	330,800
Total Cash Disbursements	\$ <u>4,176,264</u>	\$ <u>13,373,579</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>16,622</u>	<u>-374,052</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u>3,125,621</u> (2)	\$ <u>3,125,621</u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	-2,402,923
DIP State Tax Account		0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	-579,259
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	6,105,632
Retainers held by professionals (i.e. COLTAF)		0
TOTAL (must agree with Ending Cash Balance above)		\$ <u>3,125,621</u> (2)

- (1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.
- (2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 08/01/2016 to 08/31/2016

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
08/01/2016	Medicare EFT	Patient/Resident account	18,399.98
08/01/2016	Aetna/BCBS	Patient/Resident account	11,950.23
08/01/2016	Other Commercial	Patient/Resident account	27,429.07
08/01/2016	Other	Cash payments	21,363.35
08/01/2016	Other EFT	Patient/Resident account	19,131.84
08/02/2016	Medicare EFT	Patient/Resident account	110,499.58
08/02/2016	Aetna/BCBS	Patient/Resident account	116,429.26
08/02/2016	CIGNA	Patient/Resident account	70,264.39
08/02/2016	Other Commercial	Patient/Resident account	90,123.75
08/02/2016	Other	Cash payments	45,235.62
08/03/2016	Other EFT	Patient/Resident account	262,743.71
08/03/2016	Medicare EFT	Patient/Resident account	17,627.41
08/03/2016	CIGNA	Patient/Resident account	4,156.83
08/03/2016	Other	Cash payments	45,506.00
08/03/2016	Other EFT	Patient/Resident account	27,190.49
08/04/2016	Medicare EFT	Patient/Resident account	23,906.66
08/04/2016	Other Commercial	Patient/Resident account	773.83
08/04/2016	Other	Cash payments	8,505.66
08/04/2016	Other EFT	Patient/Resident account	9,583.40
08/05/2016	Medicare EFT	Patient/Resident account	9,308.42
08/05/2016	Other Commercial	Patient/Resident account	8,504.18
08/05/2016	Other	Cash payments	56,527.41
08/05/2016	Other EFT	Patient/Resident account	5,072.97
08/08/2016	Medicare EFT	Patient/Resident account	16,828.13
08/08/2016	Aetna/BCBS	Patient/Resident account	26,300.97
08/08/2016	Other Commercial	Patient/Resident account	17,091.88
08/08/2016	Other	Cash payments	4,139.05
08/08/2016	Other EFT	Patient/Resident account	88,885.56
08/09/2016	Medicare EFT	Patient/Resident account	22,642.90
08/09/2016	Aetna/BCBS	Patient/Resident account	93,271.10
08/09/2016	CIGNA	Patient/Resident account	66,952.30
08/09/2016	Other Commercial	Patient/Resident account	51,132.55
08/09/2016	Other	Cash payments	32,068.68
08/09/2016	Other EFT	Patient/Resident account	4,396.71
08/10/2016	Medicare EFT	Patient/Resident account	732.52
08/10/2016	CIGNA	Patient/Resident account	1,196.11
08/10/2016	Other Commercial	Patient/Resident account	30,109.50
08/10/2016	Other	Cash payments	52,807.19
08/10/2016	Other EFT	Patient/Resident account	70,632.91
08/11/2016	Medicare EFT	Patient/Resident account	40,269.18
08/11/2016	Other Commercial	Patient/Resident account	36,537.18
08/11/2016	Other	Cash payments	6,354.21
08/11/2016	Other EFT	Patient/Resident account	8,171.71

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

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Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 08/01/2016 to 08/31/2016

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
08/12/2016	Medicare EFT	Patient/Resident account	51,023.96
08/12/2016	CIGNA	Patient/Resident account	3,168.32
08/12/2016	Other Commercial	Patient/Resident account	18,990.10
08/12/2016	Other	Cash payments	17,499.66
08/12/2016	Other EFT	Patient/Resident account	4,335.73
08/15/2016	Medicare EFT	Patient/Resident account	17,146.32
08/15/2016	Aetna/BCBS	Patient/Resident account	12,432.27
08/15/2016	CIGNA	Patient/Resident account	2,962.81
08/15/2016	Other Commercial	Patient/Resident account	72,799.14
08/15/2016	Other	Cash payments	19,232.26
08/15/2016	Other EFT	Patient/Resident account	122,878.39
08/16/2016	Medicare EFT	Patient/Resident account	33,030.69
08/16/2016	Aetna/BCBS	Patient/Resident account	58,090.92
08/16/2016	CIGNA	Patient/Resident account	24,017.08
08/16/2016	Other Commercial	Patient/Resident account	51,372.69
08/16/2016	Other	Cash payments	16,199.88
08/16/2016	Other EFT	Patient/Resident account	27,207.93
08/17/2016	Medicare EFT	Patient/Resident account	1,308.63
08/17/2016	Other Commercial	Patient/Resident account	33,315.12
08/17/2016	Other	Cash payments	3,853.40
08/17/2016	Other EFT	Patient/Resident account	50,738.76
08/18/2016	Medicare EFT	Patient/Resident account	79,902.85
08/18/2016	CIGNA	Patient/Resident account	5,865.62
08/18/2016	Other Commercial	Patient/Resident account	3,096.95
08/18/2016	Other	Cash payments	7,385.57
08/18/2016	Other EFT	Patient/Resident account	15,604.72
08/19/2016	Medicare EFT	Patient/Resident account	40,254.57
08/19/2016	Other Commercial	Patient/Resident account	6,347.66
08/19/2016	Other	Cash payments	4,232.28
08/19/2016	Other EFT	Patient/Resident account	124,194.58
08/22/2016	Medicare EFT	Patient/Resident account	11,061.16
08/22/2016	Aetna/BCBS	Patient/Resident account	18,873.24
08/22/2016	CIGNA	Patient/Resident account	4,866.47
08/22/2016	Other Commercial	Patient/Resident account	62,080.92
08/22/2016	Other	Cash payments	6,242.13
08/22/2016	Other EFT	Patient/Resident account	506,207.07
08/23/2016	Medicare EFT	Patient/Resident account	16,561.11
08/23/2016	Aetna/BCBS	Patient/Resident account	77,986.77
08/23/2016	CIGNA	Patient/Resident account	17,081.30
08/23/2016	Other Commercial	Patient/Resident account	73,114.43
08/23/2016	Other	Cash payments	15,329.76
08/23/2016	Other EFT	Patient/Resident account	84,846.67
08/24/2016	Medicare EFT	Patient/Resident account	24,874.53
08/24/2016	CIGNA	Patient/Resident account	5,347.06
08/24/2016	Other Commercial	Patient/Resident account	675.76
08/24/2016	Other	Cash payments	12,732.71
08/24/2016	Other EFT	Patient/Resident account	30,148.85
08/25/2016	Medicare EFT	Patient/Resident account	29,739.34
08/25/2016	Other Commercial	Patient/Resident account	307.64
08/25/2016	Other	Cash payments	8,441.59
08/25/2016	Other EFT	Patient/Resident account	7,549.06
08/26/2016	Medicare EFT	Patient/Resident account	52,890.94
08/26/2016	Other Commercial	Patient/Resident account	1,862.31
08/26/2016	Other	Cash payments	6,911.65
08/26/2016	Other EFT	Patient/Resident account	28,528.32

DEBTOR(S): Powell Valley Health Care, Inc.

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Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 08/01/2016 to 08/31/2016

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
08/29/2016	Medicare EFT	Patient/Resident account	19,538.63
08/29/2016	Aetna/BCBS	Patient/Resident account	19,006.96
08/29/2016	CIGNA	Patient/Resident account	2,328.75
08/29/2016	Other Commercial	Patient/Resident account	39,360.51
08/29/2016	Other	Cash payments	15,332.51
08/29/2016	Other EFT	Patient/Resident account	113,394.22
08/30/2016	Medicare EFT	Patient/Resident account	13,738.36
08/30/2016	Aetna/BCBS	Patient/Resident account	103,377.82
08/30/2016	CIGNA	Patient/Resident account	20,279.26
08/30/2016	Other Commercial	Patient/Resident account	16,112.00
08/30/2016	Other	Cash payments	12,453.48
08/30/2016	Other EFT	Patient/Resident account	7,684.87
08/31/2016	Medicare EFT	Patient/Resident account	817.49
08/31/2016	CIGNA	Patient/Resident account	32,209.46
08/31/2016	Other Commercial	Patient/Resident account	21,966.55
08/31/2016	Other	Cash payments	29,086.20
08/31/2016	Other EFT	Patient/Resident account	12,694.76

Total Cash Receipts

\$ 4,192,885.86 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR(S): Powell Valley Health Care, Inc.

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Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
 For Period: 08/01/2016 to 08/31/2016

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
08/02/16	1045	USI	Extension of D&O insurance	311.00
08/02/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	103,305.80
08/03/16	1046	UMIA	pymt of 1/2 med/mal tail coverage	340,000.00
08/04/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	605,591.51
08/04/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	14,317.96
08/04/16	1047	Briggs	Deposit against post petition invoices	350.00
08/05/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	64,254.73
08/05/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	790.94
08/05/16	1048	Healthcare Logistics	Deposit against post petition invoices	250.00
08/08/16	1049	Wyoming Finaancial Insur	Crime bond	277.00
08/08/16	1050	Fisher Scientific	Deposit against post petition invoices	1,500.00
08/08/16	EFT	Electronic Funds Transfer	FICA payroll taxes	101,871.93
08/08/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	134,130.98
08/08/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	51,714.78
08/09/16	EFT	Electronic Funds Transfer	Montana state tax	947.00
08/11/16	1051	Patterson Medical	Deposit against post petition invoices	700.00
08/11/16	1052	USI Insurance	30% med/mal premium	175,475.27
08/18/16	1053	Staples	Deposit against post petition invoices	2,700.00
08/18/16	1054	Medline	Deposit against post petition invoices	5,700.00
08/18/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	103,231.28
08/18/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	560,924.65
08/18/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	40,786.43
08/19/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	61,109.80
08/22/16	EFT	Electronic Funds Transfer	FICA payroll taxes	105,880.62
08/22/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	115,691.06
08/23/16	EFT	Electronic Funds Transfer	Montana state tax	965.00
08/24/16	1055	USI Insurance	D&O, Cyber, D&O tail insurance	73,791.81
08/25/16	1056	Entech	Deposit against post petition invoices	6,500.00
08/25/16	1057	BioRad	Deposit against post petition invoices	1,400.00
08/25/16	1058	Baby Friendly	Deposit against post petition invoices	1,350.00
08/29/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	102,506.64
08/31/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	181,946.11
	EFT	Electronic Funds Transfer	Trsf to HRA/Emp Flex act 3101 (Qrtly)	
	2658-2999	Accounts Payable checks	See attached check register	1,215,991.80

Total Cash Disbursements \$ 4,176,264.10 (1)

Form 2-C
COMPARATIVE BALANCE SHEET

For Period Ended: 08/31/2016

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 3,125,621	\$ 4,255,881
Accounts Receivable (from Form 2-E)	8,184,877	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	757,991	757,444
Other Current Assets :(List)	1,080,481	865,872
Pre-paid Expense		
Receivable from legal settlements	11,450,000	11,450,000
Total Current Assets	\$ 24,598,970	\$ 25,712,723
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,015,268	9,997,873
Total Fixed Assets	10,709,702	10,692,307
Less: Accumulated Depreciation	(8,430,265)	(8,254,973)
Net Fixed Assets	\$ 2,279,437	\$ 2,437,334
Other Assets (List):	0	0
	0	0
TOTAL ASSETS	\$ 26,878,407	\$ 28,150,057
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 618,061	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	228,501	250,000
Post-petition Taxes Payable (from Form 2-E)	568,283	172,650
Post-petition Notes Payable	129,779	128,056
Other Post-petition Payable(List): see schedul 2G liab	2,650,250	3,405,269
Legal claim reserve	11,750,000	11,750,000
Total Post Petition Liabilities	\$ 15,944,874	\$ 16,873,127
Pre Petition Liabilities:		
Secured Debt	1,119,599	1,153,923
Priority Debt	0	0
Unsecured Debt	1,435,846	1,415,297
Total Pre Petition Liabilities	\$ 2,555,445	\$ 2,569,220
TOTAL LIABILITIES	\$ 18,500,319	\$ 19,442,348
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	-313,518	16,103
TOTAL OWNERS' EQUITY	\$ 8,378,088	\$ 8,707,709
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 26,878,407	\$ 28,150,057

(1) *Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.*

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DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-D
PROFIT AND LOSS STATEMENT
For Period 08/01/2016 **to** 08/31/2016

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 6,007,302	\$ 21,152,973
Less: Discounts, Returns and Allowances	(2,532,960)	(8,681,659)
Net Operating Revenue	\$ 3,474,342	\$ 12,471,314
Cost of Goods Sold	3,192,052	11,449,547
Gross Profit	\$ 282,290	\$ 1,021,767
Operating Expenses		
Officer Compensation	\$ 12,738	\$ 52,450
Selling, General and Administrative	0	0
Rents and Leases	85,986	291,579
Depreciation, Depletion and Amortization	61,401	212,750
Other (list): <u>Repairs</u>	41,859	164,045
<u>Insurance</u>	57,086	210,375
Total Operating Expenses	\$ 259,070	\$ 931,199
Operating Income (Loss)	\$ 23,220	\$ 90,568
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-4,500	-16,320
Other Non-Operating Income	0	0
Net Non-Operating Income or (Expenses)	\$ -4,500	\$ -16,320
Reorganization Expenses		
Legal and Professional Fees	\$ 107,974	\$ 387,765
Other Reorganization Expense	0	0
Total Reorganization Expenses	\$ 107,974	\$ 387,765
Net Income (Loss) Before Income Taxes	\$ -89,254	\$ -313,517
Federal and State Income Tax Expense (Benefit)	0	0
NET INCOME (LOSS)	\$ -89,254	\$ -313,517

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 08/01/2016 to 08/31/2016

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld	301,197	229,789	249,822	281,164
Employee FICA taxes withheld	83,806	102,715	103,876	82,644
Employer FICA taxes	83,806	102,715	103,876	82,644
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	44	42		86
Unemployment taxes	4,600	1,800		6,400
Other: Worker Compensation	78,535	46,362	9,554	115,343
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				568,283

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	09/30/2016
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambula	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017
If any policies were renewed or replaced during reporting period, attach new certificate of insurance.				

DEBTOR(S): Powell Valley Health Care, Inc.

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Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 08/01/2016 00:00 to 08/31/2016 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				1,930,361	1,930,361
Post-petition receivables	3,312,084	1,599,209	867,661	475,562	6,254,516
Total	3,312,084	1,599,209	867,661	2,405,923	8,184,877

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	319,179	57,097	(594,890)	777,140	558,526
Other Payables	4,350	4,350	4,350	46,485	59,535
Total	323,529	61,447	(590,540)	823,625	618,061

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$228,501	96,053	96,053	August 3, 2016	\$228,501
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other:					
Total	228,501				228,501

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	12,738

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: 08/31/2016

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January		\$ 0			
February		0			
March		0			
TOTAL 1st Quarter	\$	0 \$			
April		0			
May	20 16	1,330,126			
June	20 16	3,481,838			
TOTAL 2nd Quarter	\$	4,811,964 \$	325 10,075	2,551 2,919	07/19/16 08/22/16
July	20 16	4,385,351			
August	20 16	4,176,264			
September		0			
TOTAL 3rd Quarter	\$	8,561,615 \$			
October		0			
November		0			
December		0			
TOTAL 4th Quarter	\$	0 \$			

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

Rev. 1/15/14

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-G
NARRATIVE

For Period Ending: 08/31/2016

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

FORM 2B-1 Line 50, Cash Accounts are made up of General Checking #701, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. **Form 2B-3** Cash Disbursements other of \$20,450 is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$180,719, Accrued Payroll \$276,103, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$256,385, Assisted Living Room Retainer \$30,500, NH Resident Trust \$10,232, Donations \$86, and Accrued Benefits \$1,896,765. **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance come from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E (Page 1 of 2)** Insurance coverages - we have updated our insurance coverage for the 8/1/2016 start, Note the existing Director & Officer coverage with an expiration date of 9/1/2016 was extended to 9/7/2016 and the Cyber insurance with an expiration date of 8/15/2016 was extended to 9/1/2016. **Form 2-F** note there were two payments in the month of August, an initial start up payment of \$325 and the quarterly payment of \$10,075 totaling \$10,400.

Rev. 1/15/14